

# L15000135767

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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15 AUG -6 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 11 2015

W PAINTER

John H. Heyer  
Attorney at Law  
604 Exchange National Bank Building  
P.O. Box 588  
Olean, New York 14760  
716-372-0395

Fax: 716-372-0446

Email: jhh@heyerlaw.com

ALSO ADMITTED IN COLORADO  
AND PENNSYLVANIA

July 23, 2015

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: *The Mayfour Co., LLC*

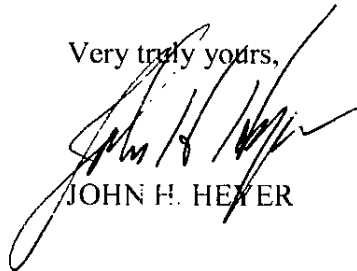
Gentlemen:

Enclosed please find the following:

1. Cover letter of The Mayfour Co., LLC
2. Original Articles of Organization for a Florida LLC
3. Copy of Same
4. My check in the amount of \$160.00 for the filing fee, Certificate of Status and certified copy
5. Stamped, addressed envelope for return of the certificates to this office

Thank you for your attention to this matter.

Very truly yours,

  
JOHN H. HEYER

JHH/sjb

Enclosures

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15 AUG -5 AM 10:40  
SECRETARY OF STATE  
AT A PASSPORT OFFICE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

John H. Heyer

824 Robert Street

Venice, FL 34285

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John H. Heyer

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Mayfour Co., LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

824 Robert Street  
Venice, FL 34285

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Beth B. Hall  
Name

825 Robert Street  
Florida street address (P.O. Box **NOT** acceptable)

|        |       |       |
|--------|-------|-------|
| Venice | FL    | 34285 |
| City   | State | Zip   |

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Beth B. Hall  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Mayfour Co., LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John H. Heyer

Name of Person

Attorney at Law

Firm/Company

PO Box 588

Address

Olean, NY 14760

City/State and Zip Code

jhhll@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John H. Heyer

716

372-0395

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301